

Died at Deals Island Town Somerset County MARYLAND  
 Date 19 02 Sept. 2 Y. M. D. Age 44 Wid housewife  
Male White Married Widow Deceased  
Female Colored Singla Widower Number of children living 2  
 Husband of Stuart Abbott  
 Wife Artheria  
 Father's Name Artheria Mother's Maiden Name Artheria  
 Cause of Death { Primary Cerebral Haemorrhage Immediate Artheria How long sick 64  
Accident, Suicide, Homicide  
 Reported by W. H. Alexander  
 Address Deals Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Idella Beckett

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Sept. 30th

Age

12

-

-

Md

-

MaleWhiteMarriedWidowDivorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Immediate

Death

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Melissa Bloodworth

Town

Habuab

County

Somerset

MARYLAND

Died at

Date 19

0-2 Sept 28

Age

Y.

M.

D.

Native of

Occupation

15

Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm Bloodworth

Mother's

Name

Wash Ensey

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Perforation

Accident, Suicide, Homicide

Reported by

R. H. Hayt M. D.

Address

Bridle P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lettia Bouser

Town

County

Died at

Fairmount

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept. 18

Age

-

3. 17

-

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Alex Bouser

Mother's

Maiden Name

Hennie Maddy

Cause of

Primary

Cholera Infantum,

How long sick

Two weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

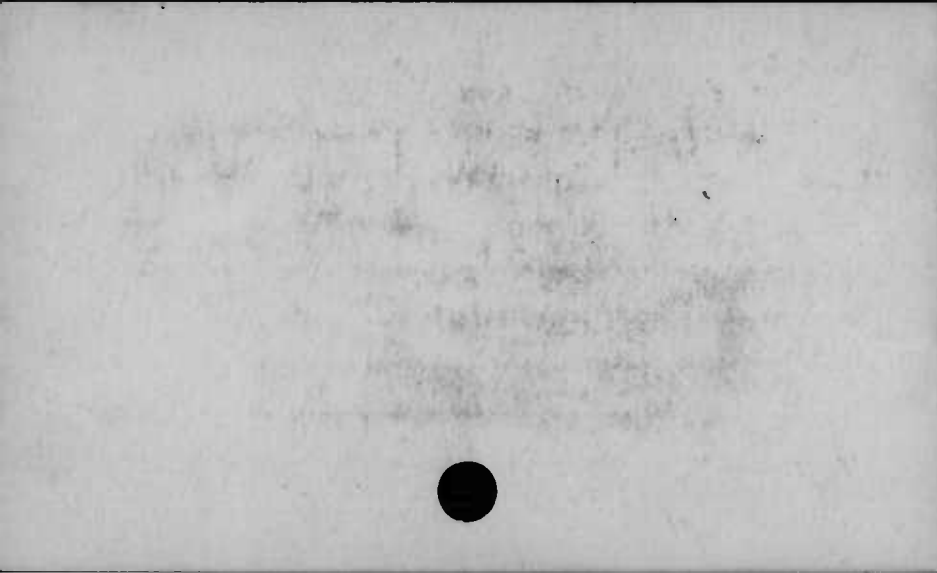
George H. Hall

Address

Fairmount P.O.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Lallie Brittingham

Died at <sup>Town</sup> Near Pocomoke City <sup>County</sup> Somerset Co MARYLAND

Date <sup>Year</sup> 1902 <sup>Month</sup> Sept. <sup>Day</sup> 14<sup>th</sup> <sup>Age</sup> 62 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup> Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widow~~ Number of children living 9

Husband  
Wife of

Father's Name Henry Cottman Mother's Name Mary Gibbons

Cause of Death { Primary Tubercular Consumption How long sick About a year

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by

J J Costen

Address

Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name  
in  
Full

Thomas J. Connor

## CERTIFICATE OF DEATH

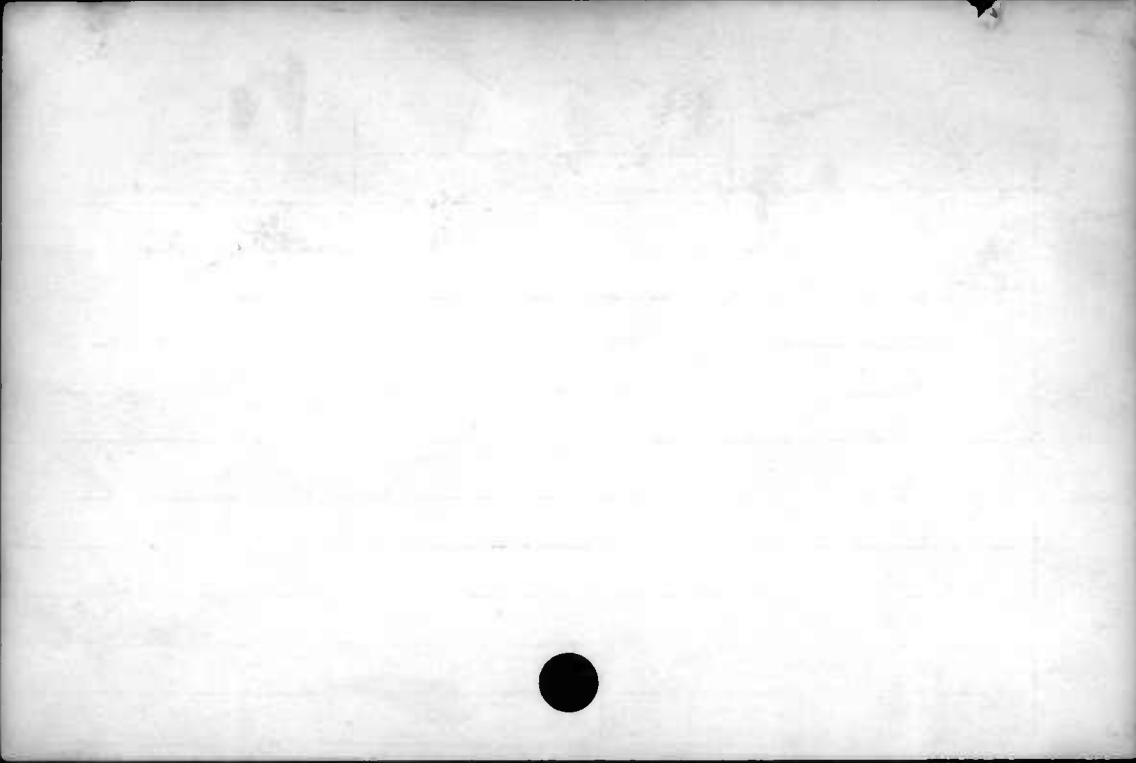
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Home near Belknap's</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MAYLAND	
Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>6th</i>	Years <i>5-2</i>	Months <i>-</i>	Days <i>-</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>				
Married, <del>Single</del> <i>Married</i>			Occupation <i>Mariner</i>				
Name of Wife or <del>Husband</del> <i>My Andy's Connor</i>							
Father's Name <i>Thos Connor</i>			Father's Birthplace <i>-</i>				
Mother's Maiden Name			Mother's Birthplace <i>-</i>				
Name of person giving information <i>Mandy Connor</i>			How related to deceased <i>-</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Internal injury - Pneumonia</i>	How long <i>166</i>
Immediate <i>with Cardiac Complication</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm H. L. Outbourn M.D.</i>
	Address <i>Crisfield.</i>
Accident or Suicide?	<i>Maryland.</i>



*Kittie Cullen.*

Died at *Crisfield* Town *Somerset* County *MARYLAND*

Date 1902 *Sept. 21* Month *Sept.* Day *21* Y. *87* M. *87* D. *87* Native of *Md* Occupation *md*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Single~~ *Widow* ~~Number of children living~~ *none*

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of *Primary* *Old Age.* How long sick *4 weeks.*  
 Death *Immediate* *154* Accident, Suicide, Homicide

Reported by

*J. S. Lawson*

Address

*Crisfield, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Samuel Benson

Town

County

Crisa

Somerset

MARYLAND

Date 10 / Sept 23

Age 86

M. D.

Native of

Occupation

Mala

White

Married

Widower

Divorced

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Death Immediate

Senile Decay  
exhaustion

How long sick

7 mo

Accident, Suicide, Homicide

Reported by

Ges Woble Undertaker

Address

Monie C. O. W.





Name in Full

Certificate of Death

Died at *Walsingham* Town *Walsingham* County *Somerset* MARYLAND  
 Date *10* *29* *12* Month Day Year Age *7 hours* Native of *MA* Occupation *none*  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower ~~Number of children living~~

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

*150*  
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Gerald

Died at

Town  
Oxford

County

Somerset

MARYLAND

Date 1902

Month Day

9 19

Age

Y. M. D.

65

Native of

Md.

Occupation

Day laborer.

~~Male~~

White

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

1

Husband of

Elijah Gerald

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer Stomach

Death

Immediate

How long sick

One year

Accident Suicide Homicide

Reported by

N. F. Keel 40

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Elizabeth Halland

Town

County

Died at

Somerset CO Md

MARYLAND

Date 19

02

Month

Day

9 11

Age

43

Y.

M.

D.

Native of

Occupation

Maryland Housewife

Female

White

Married

Widow

Divorced

~~Colored~~~~Single~~

Widower

Number of children living

6

Husband of

Wife

Father's

Name

J. A. Halland

Mother's

Sandy Powell Maiden Name

Cause of

Primary

Consumption

Death

Immediate

How long sick

1 Year

Accident, Suicide, Homicide

Reported by

C. K. Barger

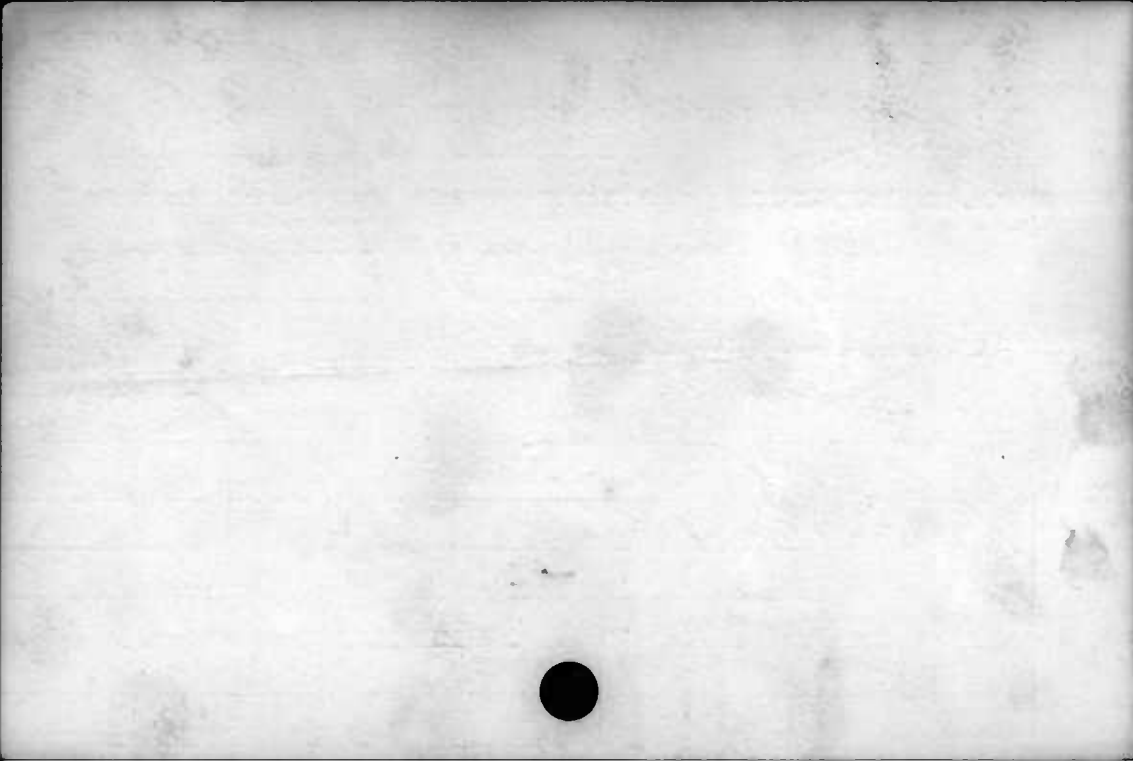
Address

Dorchester City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mt Vernon</i>		County <i>Somerset</i>		MARYLAND
	Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>7</i>	Age <i>76</i>	Months <i>-</i> Days <i>-</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
	Married, Single or Widowed <i>Widow</i>		Occupation <i>No occupation</i>		
	Name of Wife or Husband <i>Stephen Hopkins</i>				
	Father's Name			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
	Name of person giving information <i>C. M. Dashiell</i>			How related to deceased <i>No relation</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Chronic Endocarditis</i>			How long <i>about 18 m.</i>	
	Immediate <i>Stasis</i>			How long <i>3 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. M. Wilson M.D.</i>	
				Address <i>Mt Vernon Somerset Co</i>	
	Accident or Suicide?				






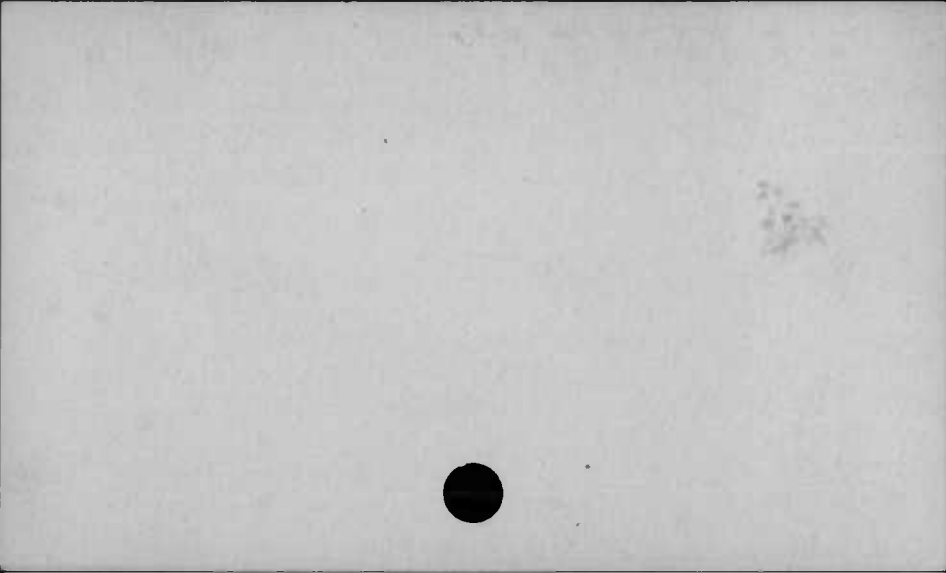
*Mary Hudson*  
 Died at *Kingston* Town *Somerset* County *\_\_\_\_\_* MARYLAND  
 Date 19 *02* Month *9* Day *19* Age *63* Y. *10* M. *\_\_\_\_\_* D. *\_\_\_\_\_* Native of *Maryland* Occupation *Housekeeper*  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of *Peter Hudson*  
 Wife *William Hudson*  
 Father's Name *William Hudson* Mother's Name *Mary Hudson*  
 Maiden Name

Cause of Death { Primary *Cystic Ovary - 121* How long sick *3 mo*  
 Immediate *Hypertensive Pneumonia* ~~Accident, Suicide, Homicide~~

Reported by *Dr. Fred Adams*  
 Address *Pocahontas*  *City - Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ellen Jackson

Town

County

Died at

Somerset

MARYLAND

Date 1902      Month 9      Day 28      Y. M. D.      Age 58-      Native of Md      Occupation

~~Male~~      ~~White~~      ~~Married~~      Widow      ~~Divorced~~

Female      Colored      Single      ~~Widower~~      Number of children living 3

Husband of      ~~Widow~~

Wife

Father's Name John Long

Mother's Name Annie Long

Maiden Name Ellen Long

Cause of      Primary

Death      Immediate

Bugher's Disease

How long sick

Accident, Suicide, Homicide

Reported by

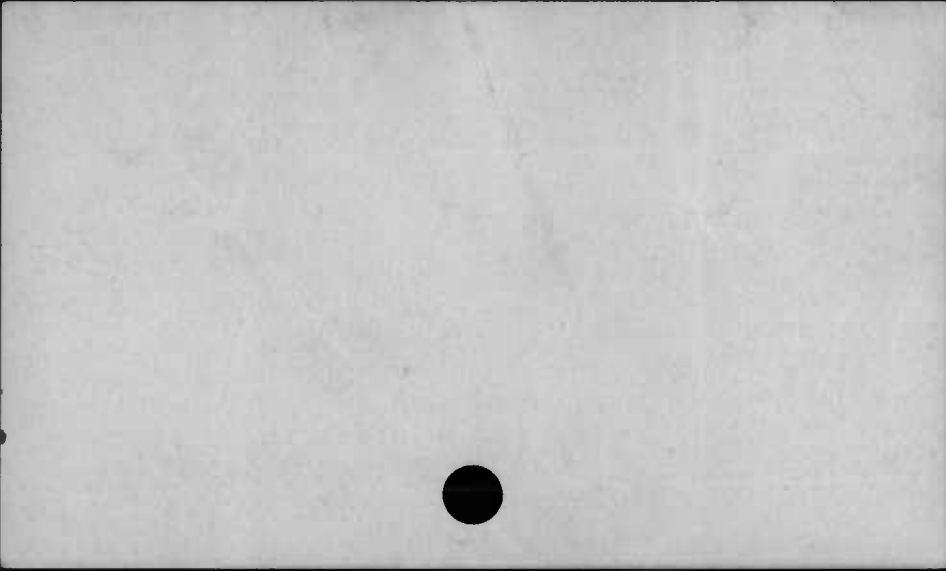
D. G. O. Trinit MD

Address

Pocomoke Af

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Jones

Died at <sup>Town</sup> *Corten Station* <sup>County</sup> *Somerset* *MARYLAND*

Date *1902* <sup>Month</sup> *Sept* <sup>Day</sup> *20* <sup>Y.</sup> *54* <sup>M.</sup> *about* <sup>D.</sup> *Maryland* <sup>Occupation</sup> *Farmer*  
 Male ~~Female~~ Married ~~Single~~ ~~Widower~~ Number of children living *6*

Husband of *Jane Stewart*  
 Wife *Don't know* Mother's Name *Unknown*

Cause of	Primary	<i>Typhoid Fever</i>	How long sick	<i>Two weeks</i>
	Death	Immediate	<i>Sinere of Brain</i>	<del>Accident, Suicide, Homicide</del>

Reported by *J J Corten*Address *Pocomoke Md.*



Name  
in  
Full

## CERTIFICATE OF DEATH

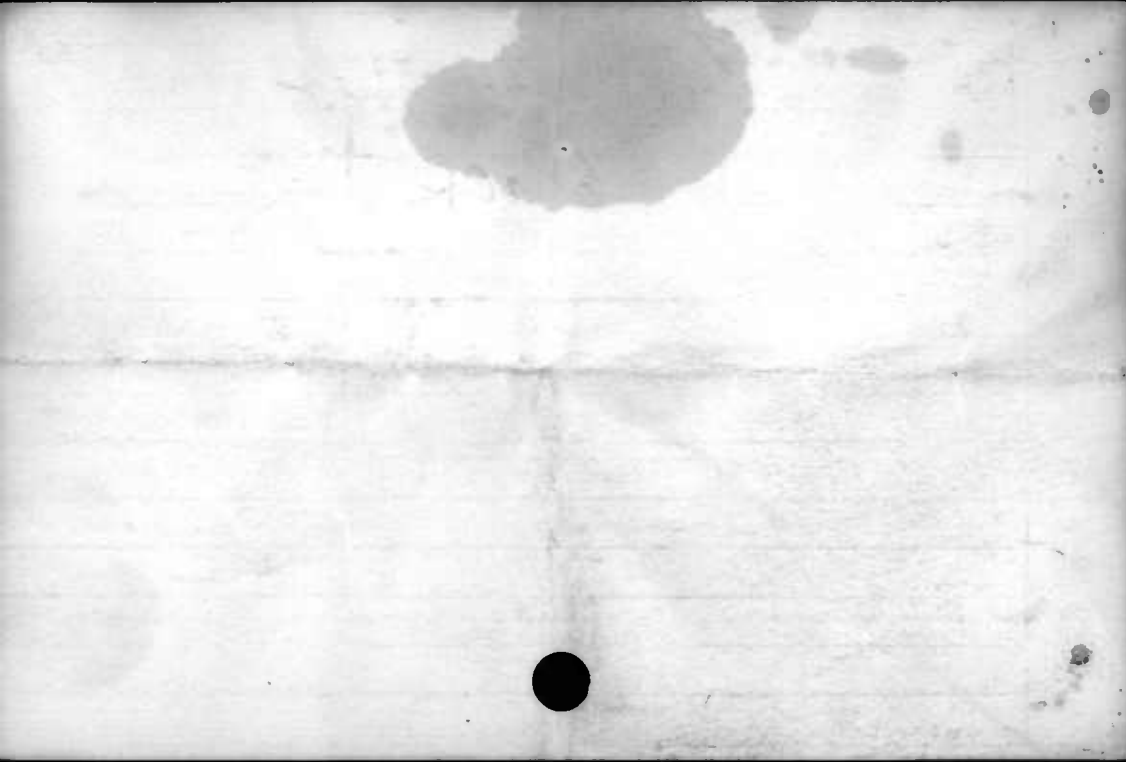
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	7	Sept	17th	3			
Sex	male		Color or Race	Black		Birth-place	Somerset Co
Married, Single or Widowed	Married		Occupation		Oysterman		
Name of Wife or Husband		Kate Barneo					
Father's Name		Thomas Jones				Father's Birthplace	Somerset Co
Mother's Maiden Name		Susan Price				Mother's Birthplace	Somerset Co
Name of person giving information		Emanuel Jones				How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	2 years
Immediate	Asthma		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. J. Windsor (M.D.)
			Address	214 W. 1st St. Annapolis
Accident or Suicide?		—		





William Jones

Town

County

MARYLAND

Died at

Westover, Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1942

Sept 9

Age 51

Somerset Farm Hand

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living Five

Husband

of

Wife

Susan Jones

Father's

Name

Robt. Jones

Mother's

Maiden Name

Annelia Jones

Cause of

Primary

Pneumonia

How long sick

9 months

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

Address

George H. Hall

Undertaker Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

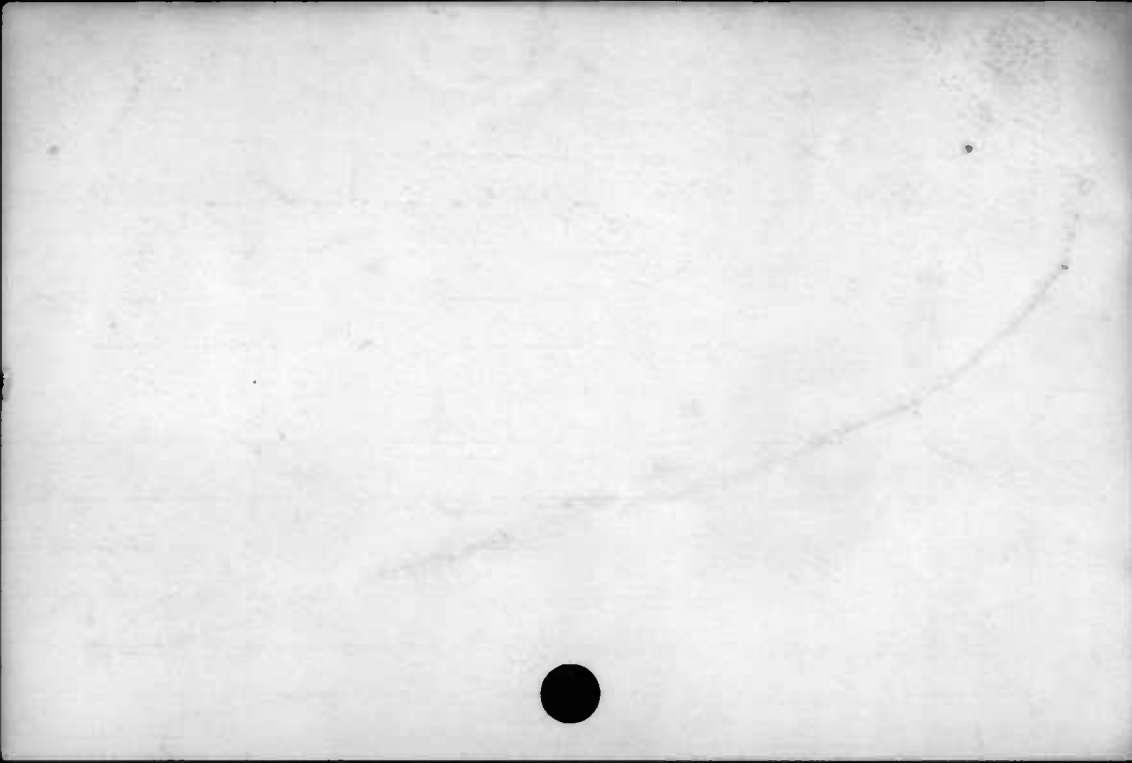
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		Sept.	22	Age 29			
Sex	Female	Color or Race		Negro	Birth-place		
Married, Single or Widowed	Single		Occupation		Housekeeper		
Name of Wife or Husband		James Lane					
Father's Name		Augustus Byrd				Father's Birthplace	
Mother's Maiden Name		Fanny Ballant.				Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eclampsia	How long	30 hrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	—	Signature of Physician	R. Lee Hase
		Address	Twisfield Md
Accident or Suicide?			



Name In Full

Certificate of Death

James Logan

Died at <sup>Town</sup> Maroon <sup>County</sup> Somerset MARYLAND

Date 1902 <sup>Month</sup> Sept <sup>Day</sup> 5 <sup>Age</sup> <sup>Y.</sup> — <sup>M.</sup> 3 <sup>D.</sup> 15 <sup>Native of</sup> MD <sup>Occupation</sup> \_\_\_\_\_

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name James Logan Mother's Maiden Name Nannie I Wharton

Cause of Death { Primary Cold 95 How long sick  
 Immediate Congestion of the Lungs Accident, Suicide, Homicide

Reported by

Address

James Logan

Maroon Sta Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848



Name  
in  
Full

Jennie Logan

## CERTIFICATE OF DEATH

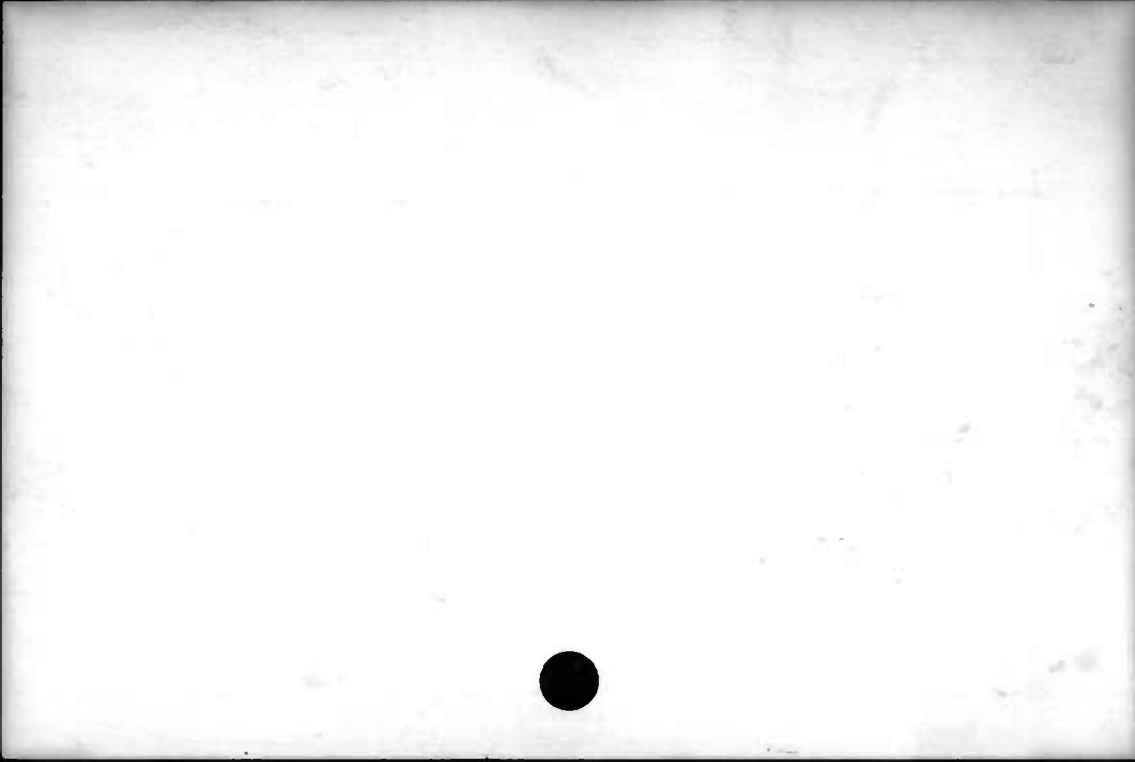
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Marion Sta		County Somerset		MARYLAND	
Date of death 190		2	Month Sept	Day 12	Age 50	Years	Months Days
Sex Female		Color or Race Colored		Birth- place Somerset County			
Married, Single or Widowed Single		Occupation Genl House work					
Name of Wife or Husband							
Fether's Name Wit Logan				Fether's Birthplace Somerset Co			
Mother's Meiden Name Susan "				Mother's Birthplace " "			
Name of person giving In formation Ned Stevenson				How related to deceased No relation			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility- 179	How long One year
Immediate	" "	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. White
yes		Address Marion Sta Md
Accident or Suicide?		No physician in charge
no		





Annie Lord

Town

County

Died at

MARYLAND

Date 189 2 Sept 8 | Age 48 - - | Native of Ind | Occupation Housewife  
~~Male~~ White | ~~Married~~ Widow | ~~Divorced~~ |  
 Female | Colored | Single | Widower | Number of children living 8

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Beulah Victor Maddox

Town

County

Died at

Mearns

Som.

MARYLAND

Date 19

02

Month

Day

Sept. 18

Age

Y.

M.

D.

4 5 2

Native of

Mod

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Geo Maddox

Mother's

Maiden Name

Mary Maddox

Cause of

Primary

Ascites

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. W. Gill, M.D.

Address

Mearns

Mod.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alfred P. M. Daniel

## CERTIFICATE OF DEATH

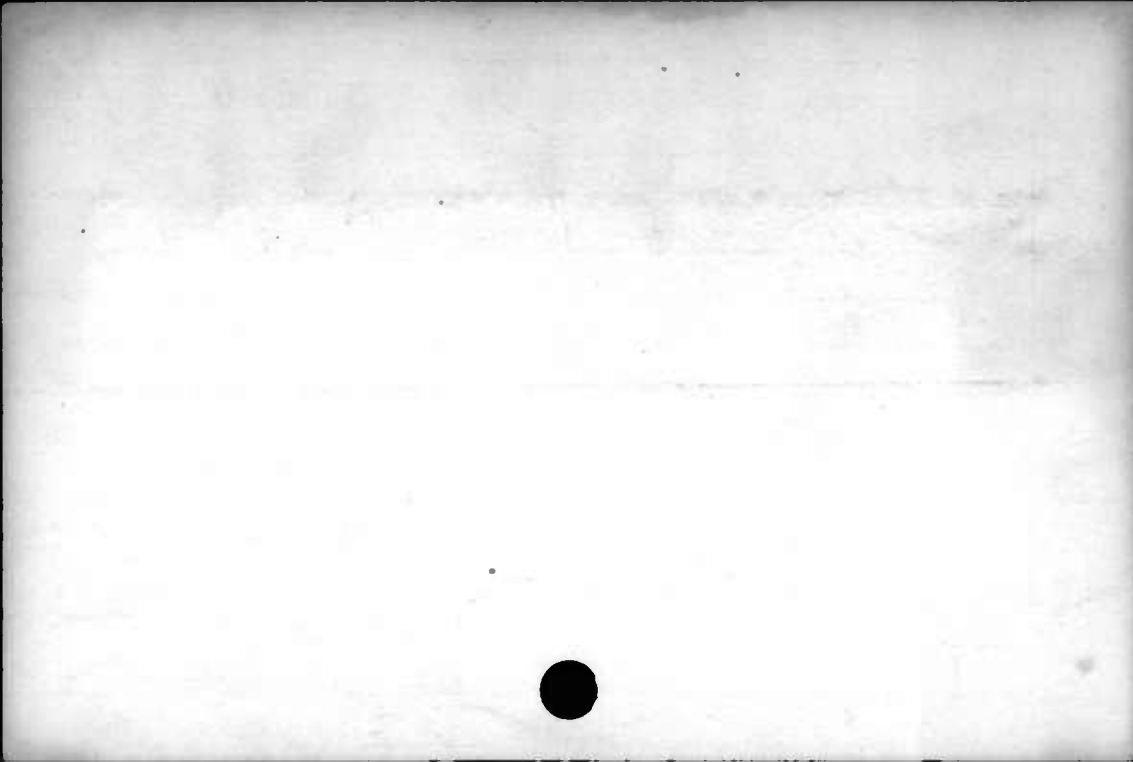
Died at *James Quarter Somerset*

MARYLAND

Date of death 190 *2* <sup>Month</sup> *Sept.* <sup>Day</sup> *26th* <sup>Years</sup> *75* <sup>Months</sup> *-* <sup>Days</sup> *-*Sex *male* Color or Race *white* Birthplace *Somerset Co.*Married, Single or Widowed *married* Occupation *Farmer*Name of Wife or Husband *Biddie P. Carey*Father's Name *Peter M. Daniel*Father's Birthplace *Somerset Co.*Mother's Maiden Name *Martha White*Mother's Birthplace *Somerset Co.*Name of person giving information *James E. M. Daniel*How related to deceased *Son*

## CAUSES OF DEATH

Primary *Mitral Insufficiency* <sup>79</sup> How long *2 years*Immediate *pothemia*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Swindler M.D.*Address *James Quarter, Md.*Accident or Suicide? *-*TO BE ANSWERED BY:  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Maud D Morgan

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date 1902 9 17 | Age 4 | Native of Md | Occupation —  
 Male ~~White~~ Married ~~Widow~~ Divorced  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Charles Morgan

Nettie Morgan

Cause of

Primary

Enterocolitis

How long sick

One week

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. V. Hall 105

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Died at

*Wm. Riggan*  
 Town *Crisfield* County *Dorchester*

MARYLAND

Date 19

*02* *Sept.* *20*

Age

*82*

Y.

M.

D.

Native of

*Md.*

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

*3*Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

*Heart Failure*

How long sick

*179*  
*feeble for 2 years*

Accident, Suicide, Homicide

Reported by

*J. S. Lawson*

Address

*Crisfield, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



U

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Etta Saltz-

Town

County

Died at Crisfield

Somerset

MARYLAND

Date <sup>02</sup> 1922 <sup>9</sup> 21 Age 6 Native of Md Occupation ~~no~~  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband

Wife

Father's

Name

Max Saltz-

Mother's

Name

Jennie Saltz-

Cause of

Primary

Infantile Colicitis

How long sick

12 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

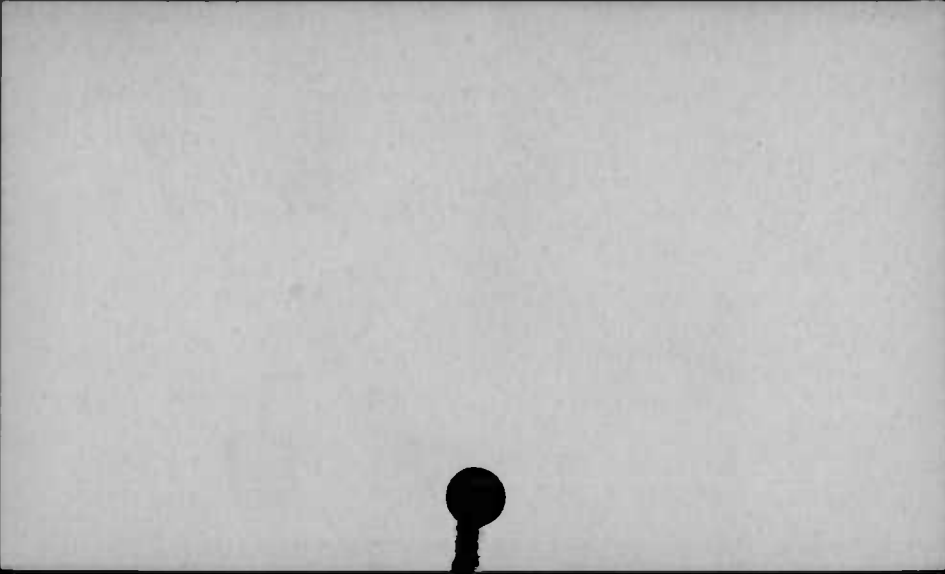
C. C. Ward M. D.

Address

Crisfield

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lillian Sterling

Died at Lawsonia Somerset Town County MARYLAND

Date 1902 Sept 13 Month Day Y. M. D. Native of Occupation

Male White Married 21 md

Female Colored Single Widow Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Prima

Death

Immediate

How long sick

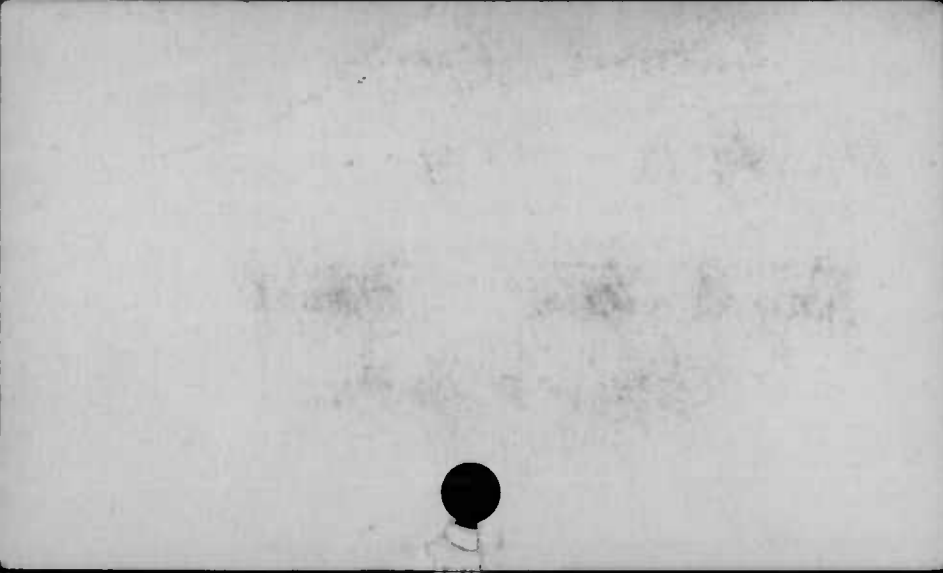
Accident, Suicide, Homicide

Reported by

Address

J. S. Lawson,  
Crisfield.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*John H. Tighman*  
 Died at *Hosewell* <sup>Town</sup> *Sonnet* <sup>County</sup> MARYLAND

Date *1902* *9* <sup>Month</sup> *13* <sup>Day</sup> Age *11* <sup>Y.</sup> *10* <sup>M.</sup> *10* <sup>D.</sup> Native of *Ind* Occupation *none*  
 Male ~~Female~~ ~~White~~ <sup>Colored</sup> Married ~~Single~~ ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ Number of children living *00*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

*6 days*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

of

+

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Died at Beauls Island Somerset MARYLAND  
 Town County  
 Date 1802 Sept. 5 | Age 7 | Y. M. D. | Native of MD | Occupation —  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Wm D. Windsor | Mother's Name Octavia White

Cause of Death { Primary Enterocolitis | How long sick 8 days  
 { Immediate Asphyxia | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at		Marion Station. Somerset			County		MARYLAND	
Date	Month	Day	Years	Months		Days		
of death 1902	Sept.	20	Age 22	—		6		
Sex	Female		Color or Race	Black		Birth-place Somerset Co. Ind.		
Married, Single or Widowed	Married			Occupation House-wife				
Name of Wife or Husband	Lori Harvey Cane							
Father's Name	Jackson Young					Father's Birthplace	Maryland	
Mother's Maiden Name	Amanda Johnson					Mother's Birthplace	Maryland	
Name of person giving information	Lori Harvey Cane					How related to deceased	Husband	

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>4 months</i>
Immediate	<i>Asthenia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. B. G. Green M.D.</i>
		Address	<i>Marion Station</i>
Accident or Suicide?			

